RETURNED WITHIN 7 DAYS OF ARRIVING FLIGHT.



Airport Transportation Reservation Form

NOVEMBER 2008

Destination Planning Corporation ● Phone 904-249-3729 ● Fax 904-249-3728 ● E-mail jtawney@destinationplanning.com

CHAUFFEURE	SERVICE RESE	RVATION INFOR	MATION: (Plea:	se Print Legibly)			
Passenger First Name				MI	Last Name		
BILLING Street	Address or P.O	. Box Number					
BILLING City _			State/Province	Zip/l	Postal Code	Country	
Organization/Firm				E-mail Address			
Travel Contact Phone Number ()			Fax Number ()			Number in Party	
Additional Pas	senger Names (more than 3, ple	ase use an add	itional form):			
Arrival Date			Airline			Flight #	
light Arrival TimeAM/PM		AM/PM	Origin Airport		Arrival Airport		
Departure Date			Airline		Flight #		
Flight Departure Time AM/PM		AM/PM	Departure Airport				
	RANTEE: anning Corpora our payment w	ation requires ful vith one of the fo	ll prepayment t	to confirm ALL t	ransportation re	erfront Downtown Jacksonville. eservations. USA	
						Security Code	
Cardholder's Name					Cardholder's Signature		
I authorize Dest cancelled withir cancellations, pl	ination Planning on 24 hours of the sease call DPC offi	Corporation to cha scheduled pickup t	rge my credit car ime or if I do not 9. If you are calli	show up for my t	ransportation reseular business hours	understand that if my reservation is not ervation, full charges will apply. For s M-F 8:30am – 5:30pm EST, please call	
	the front of the	ground floor level or rding the shuttle.	of the airport to I	baggage claim B.	At pole number 4,	Office Use Only: Arrival Confirmation Number	
DEPARTURE INSTRUCTIONS: Please have all baggage with you at the Newnan Street Entrance at the Hotel Departure Time provided. A departure representative or your driver will meet you.						Departure Confirmation Number	
Corporation n	o later than 72	completed in full hours prior to re opy of the reserv	servation time	. Reservations	inside of 72	Hotel Departure Time Return Confirmation	